

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF OKLAHOMA

IVETTE M. FIGUEROA
Plaintiff(s)

19 CV 367 GKF - FHM
Case Number:

FILED

JUL 08 2019

Mark C. McCartt, Clerk
U.S. DISTRICT COURT

vs.
Dr. Hugo Salguero
ADVANCE PAIN MGT. Defendant(s)

COMPLAINT

A. Parties

- 1) IVETTE M. FIGUEROA, is a citizen of OKLAHOMA
(Plaintiff) (State)
who presently resides at 1060 S. MINGO RD SUITE A, TULSA, OK 74129
(mailing address if different from residence)
- 2) Defendant Dr. Hugo Salguero (MD) is a citizen of TULSA, OK
(Name of first defendant) (City, State)
and is employed as ADVANCE PAIN MANAGEMENT CENTER (DOCTOR)
(Position and title, if any)
- 3) Defendant ADVANCE PAIN MANAGEMENT is a citizen of TULSA, OK
(Name of second defendant) (City, State)
and is employed as FRANCHISE OWNERS, & ITS PRODUCTS PROVIDERS
(Position and title, if any)

[You may attach additional pages (8½" x 11") to furnish the above information for additional defendants.]

B. Jurisdiction

- 1) Jurisdiction is asserted pursuant to:
42 U.S. CODE §1983, AMERICAN DISABILITIES ACT, THE
RACKETEER INFLUENCE & CORRUPT ORGANIZATIONS ACT 18 USC 1961

C. Nature of Case

- 1) Briefly state the background of your case:
PLAINTIFF ASSENT THIS COURT JURISDICTION, AND SEEKS REMEDIES FOR INJURIES.
PLAINTIFF IS A DISABLED PERSON WHO WAS UNDER DEFENDANT'S
MEDICAL CARE, FOR AROUND (4) FOUR TO (5) FIVE YEARS. IN (4) FOUR
DIFFERENT OCCASIONS DEFENDANT'S REFUSE, OR DENIED VITAL MEDICATION
INCLUDING TODAY.

D. Cause of Action

I allege the following:

1. THAT THE PAIN MANAGEMENT IS A FRANCHISE, WHO GAINS FINANCIALLY
BY SERVICING MOST OF INSURED OR HUNTING CITIZENS OF TULSA OK

IFP
05/08/19

Specially THE DISABLE COMMUNITY. BUT 100% PERCENT OF THIS MEDICATION IS OPIOIDS BASE.

Supporting Facts: (Include all facts you consider important, including names of persons involved, places and dates. Describe exactly how each defendant is involved. State the facts clearly in your own words without citing legal authority or argument.)

- By PROVIDING THIS OPIOIDS BASE MEDICATIONS, THEY CREATE A CLIENTELE OF DRUG ADDICTS, BY DOING SO THE DOCTOR & PROVIDERS ARE SUBJECTING ME TO AN UN-NECESSARY PAIN, WITHDRAWALS, & SUICIDAL THOUGHTS, OUT OF DEFENSE FOR THIS OPIOIDS BASE MEDICATIONS.
- OPIOIDS BASE MEDICATIONS ARE EXTREMELY HIGHLY ADDICTIVE. BUT BOTH OF DEFENDANT PROFITED FROM IT, FOR YEARS.

Supporting Facts: (Include all facts you consider important, including names of persons involved, places and dates. Describe exactly how each defendant is involved. State the facts clearly in your own words without citing legal authority or argument.)

- ② THAT IN (4) OCCASIONS THIS MEDICATION WAS DENIED TO ME
① JULY-2019 (TODAY) ② OCTOBER 2018 ③ JULY 2018 ④ MARCH 2018
3. ALSO, THAT THIS DEFENDANTS FAIL TO INFORM ME, OF THE DRUG ADDICTION DANGERS OF IT, SPECIALLY THE WITHDRAWALS.
BESIDES OF NEARLY CREATING CONTRACTS FOR US TO SIGN, WITH

Supporting Facts: (Include all facts you consider important, including names of persons involved, places and dates. Describe exactly how each defendant is involved. State the facts clearly in your own words without citing legal authority or argument.)

AIR TIDE, SO NO ONE CAN CREATE A COMPLAINT AGAINST BOTH DEFENDANTS. THIS DEFENDANTS ARE AT WILL DENYING & CREATING UN-NECESSARY SUFFERING ON PLAINTIFFS.

[If necessary, you may attach additional pages (8½" x 11") to explain any allegation or to list additional supporting facts in the same format as above.]

E. Request for Relief

I believe that I am entitled to the following relief:

- ① WHAT EVER THIS COURT DEEMED REASONABLE FINANCIALLY.
② COMPLETELY TOTAL REHABILITATION OR DETOX FACILITY PAYMENT.

[Signature]

Original Signature of Plaintiff

1060 S. MINGO RD #A

Current Address

TULSA, OK 74129

City


State

ZIP

(501) 777-4670

Telephone

ADVANCED PAIN MANAGEMENT CENTER OF OKLAH
SUITE 100
3840 S 103RD E AVE
TULSA, OK 74146
(918) 921-9700

Terminal ID XXXXXXXXXXXX167
Trans ID 000000002611
Order ID 3365
Trans Type Purchase
Clerk ID LOVELYN
Date/Time 2019-07-08 09:40:22
Card Type MasterCard
Card Number 
Entry Legend CHIP READ
Entry Method CONTACT
Approval Code 184407
AC 5F351C311ADC27B4
ATC 0012
AID A0000000041010
AID NAME DEBIT MASTERCARD
TVR 8000008000
TSI 6800
Resp CD 00
TRN REF # MDB37E6RK0708

Total Amount USD\$115.00

Description: _____

Approved - Thank You

x 
Cardholder Signature

Buyer agrees to pay total amount above
according to cardholder's agreement with
issuer.

****Customer Copy****

Retain this copy for statement
verification

EXHIBIT (A)